

## Chapter PW 1

**MINIMUM STANDARDS FOR COUNTY HOMES,  
INFIRMARIES, GENERAL HOSPITALS, AND  
PUBLIC MEDICAL INSTITUTIONS**

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**History:** Chapter PW 1 as it existed on October 31, 1964 was repealed, and a new chapter PW 1 was created effective November 1, 1964.

**PW 1.01 Introduction.** (1) These standards were developed pursuant to section 46.165, Wis. Stats. 1959, for the care, treatment, health, safety, welfare and comfort of patients in county institutions and in the Grand Army Home for Veterans at King in accordance with the provisions of sections 49.18 (1) (b), 49.20 (2) \*\*\* and 49.61 (1m), Wis. Stats.

(2) County institutions to which these standards apply are county homes, county hospitals (general) and county infirmaries as severally operated, or as operated jointly. (The word "general" is used in connection with county hospital solely to avoid possible confusion with the county hospital for mentally ill provided under section 51.25, Wis. Stats.)

(3) In planning these standards, it is recognized that some county homes are operated so that persons in need of patient care are not accepted or retained, so that the residents require very minimal care. The department will expect compliance commensurate with the needs of residents as it shall determine from time to time.

(4) These standards supplement the statutes and are planned to avoid repetition of them.

(5) It is expected that the provisions of chapters 46, 49 and 50, Wis. Stats., shall be observed with respect to the several kinds of institutions, and that failure to comply implies a failure to comply with these standards.

(6) These standards are effective upon publication, and replace the standards for the defined institutions, which were effective April 1, 1961, and which are hereby expressly repealed.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.02 Definitions.** (1) County home means an institution as provided in sections 49.14, 49.15, and 50.02, Wis. Stats.

(2) County infirmary means an institution as provided in sections 49.171, 49.172 and 49.173, Wis. Stats.

(3) County general hospital means a hospital for other than tuberculosis or mental diseases established by a county pursuant to sections 49.16 and 49.17, Wis. Stats.

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(4) Public medical institution (for the purposes of these standards) means an institution as defined in subsections (1), (2) or (3) above and the Grand Army Home for Veterans at King, when such institution has received from the Division of Public Assistance, State Department of Public Welfare, a written designation as a public medical institution.

(5) Department means the State Department of Public Welfare.

(6) Resident or patient means anyone accepted for care in the institution.

(7) Patient status means the need for medical care given pursuant to direction of qualified medical authority to a person in a public medical institution as defined in (4) above.

(8) Board means the trustees of the institution as provided under section 46.18, Wis. Stats.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.03 State inspections and designations of public medical institutions.** (1) County institution officials are required to provide an opportunity for the representatives of the department to inspect or observe the institution and its services at the convenience of the department.

(2) Any institution covered by these standards may be designated by the director of the Division of Public Assistance as a public medical institution for purposes of obtaining federal reimbursement for aid payable as Old Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled Persons provided that

(a) There is fixed medical responsibility for a suitable regime of medical and nursing care pursuant to these standards.

(b) The nursing regime has adequate staffing and is under continuous professional nursing supervision.

(c) An adequate system of medical and nursing records is maintained to establish the patient status of persons receiving social security aids.

(d) Proper ancillary services and equipment are established as described in these standards to promote the health, comfort and well-being of persons in patient status.

(e) A written request is made by the county director of public welfare and the superintendent of the institution for designation as a public medical institution, and an investigation by the Division shows that designation can properly be made.

(f) A designation as a public medical institution may be rescinded after 90 days for failure to comply with the requirements as set forth in writing by the Division.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.04 Administration.** (1) **ADMISSION POLICIES.** (a) *Required standards.* 1. The officers responsible for the institution shall develop written procedures to govern admissions, and discharges excepting legal requirements, and submit them to the department.

2. Each admission shall be subject to the prior approval of the physician for the institution.

3. Persons needing medical care shall not be admitted or retained in an institution which does not meet the required standards of medical and nursing care.

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4. No child shall be admitted except that a county general hospital as defined in Wis. Adm. Code section PW 1.02 (3) shall be exempt from this provision.

(b) *Recommended standards.* 1. Prior to admission a social study should be made by a qualified person with the following objectives:

a. Acquaint the prospective resident with the institution and its services, and thereby provide a basis for individual adjustment to the change in living arrangements.

b. Determine whether admission is advisable, or whether some alternative plan is preferable.

c. Work out the plan of payment for services of the institution, if payment should be made by the patient, a responsible relative, or some public or private agency.

2. Upon admission the services of a qualified person should be used for the following purposes: a. Fully acquaint the resident with the staff, other residents, the facilities of the institution, and the rights, privileges and obligations assumed by residents.

b. Assist with adjustment problems which may be at an acute stage.

c. Make a written inventory of money or valuables in the possession of the resident, and arrange for any safeguards of such property that may be necessary.

d. Prepare a written record for the institution containing the following information:

Full name, address, birthdate and birthplace.

Father's name and mother's maiden name and their places of birth.

Name and address, and telephone number of next of kin or person to be notified in event of acute illness.

Religion and pastor's name.

Name and address of husband or wife and age, if alive.

Names and addresses of all children and responsible relatives or as many as may be available.

Name, address, and telephone number of physician.

Veteran status.

Social security number.

Sex, color, and marital status.

Occupation, or principal occupation.

Information on special interests or hobbies and special skills.

Place of legal settlement.

3. Admissions to the nursing service should be planned to provide the resident with a minimum of 100 sq. ft. of floor space in single bedrooms, and a minimum of 80 sq. ft. in multiple bedrooms.

4. Insofar as possible, each resident should have his or her wishes respected with regard to whom a room is to be shared.

(2) **PERSONNEL.** (a) *Superintendent.* 1. Required standard. The superintendent shall have good moral character, administrative capacity, and a primary interest in the health, safety and welfare of patients or residents.

2. Recommended standards. a. The person appointed as superintendent should have a minimum of four years of college education, and a minimum of 2 years of institutional experience in caring for ill or infirm persons within the past 5 years or similar experience such as welfare administration.

b. It is recommended that in making an appointment to the position of superintendent, other than on a temporary basis, trustees consult with the department in evaluating the qualifications of applicants.

(b) *Physician*. 1. Required standards. a. The physician or physicians to provide services shall be licensed to practice medicine in Wisconsin. The physician providing services shall be able-bodied and physically capable of performing the necessary services; however, minor physical impairments should not be considered as disqualifying.

b. There shall be one physician to assume responsibility for the medical program of the institution and act as chief of staff in the event that services from other physicians are provided.

2. Recommended standards. a. The physician should be a member of the county medical society with an interest in general practice of providing health care for aged persons.

b. The physician should be encouraged to attend special institutes for promoting health services for aging persons.

(c) *Assistant(s) to superintendent (matron, business manager or other)*. 1. Required standards. a. The person(s) selected as assistant(s) to the superintendent shall have character qualifications equivalent to the superintendent, and other qualifications commensurate with the responsibilities assumed.

(d) *Nursing supervisor and nursing staff for institutions accepting persons in need of medical care*. 1. Required standards. a. A registered nurse shall be employed on each shift at all times to be in charge of the nursing program, subject to the chief nurse and physician, except that on the night shift it shall be permissible for the registered nurse to be relieved by a licensed practical nurse, if the registered nurse or a physician is readily available and on call.

b. Where patients are located in separated units of a county home not on the same grounds, so that nursing supervision from one location is not feasible, a registered nurse shall be employed in each location.

c. During the absences of the supervising nurse for days off and vacations, a nurse with equal qualifications shall be employed.

d. An adequate number of nursing aides shall be provided. In determining this number it shall ordinarily be expected that a minimum of 1.75 hours of aide time be provided per patient day. Nursing aide time devoted to other than patient care shall not be included in computing the requirement.

e. Referring to items a and d in this section, more or less personnel of the types referred to may be required depending on the nature and size of the patient load as it is evaluated by the administrative and medical staff of the institution in cooperation with the professional and medical services staff of the state department of public welfare.

2. Recommended standards. a. It should be generally recognized that the primary duties of aides or attendants consist of direct patient care and services, as distinguished from housekeeping functions.

(e) *Activity aide*. 1. Required standard in public medical institution. An activity aide with some experience in group work and leadership in group activities shall, subject to administrative supervision, organize and direct a social program.

2. Recommended standard. In larger institutions it is recommended that the need for a full time occupational therapist be considered.

(f) *Social worker*. 1. Required standards. a. The services of a social worker shall be provided to residents.

b. The social worker shall be responsible for the development and maintenance of the social service program for the institution, coordinating it with the total therapeutic program.

c. The social worker shall avail himself of opportunities for further training and professional development such as training institutes, conferences and other meetings.

2. Recommended standard. a. Whenever possible fully qualified social workers should be employed. Full qualification requires a master's degree from an approved school of social work.

*Note:* Under this plan some county homes would require only such services as are available from the county welfare department, and some may be able to share services provided in the mental hospital. In some instances part time social work services may meet the need.

(g) *Dentist*. Required standard. A licensed dentist or dentists shall be on call and shall examine all residents annually, giving any indicated dental care, provided that free choice of dentist may be permitted.

(h) *Chiropodist*. Required standard. Foot care shall be provided as necessary either by a physician or a licensed chiropodist.

(i) *Oculist or optometrist*. Required standard. Services shall be provided for the prescription of glasses as necessary, and may be given either by an oculist or an optometrist. Patients suspected of eye pathology shall be referred to an oculist. Screening for eye diseases, such as glaucoma, should be a part of the routine physical examination.

(j) *Physical therapist*. Recommended standard. Physical therapy services should be considered for public medical institutions. The services of a licensed physical therapist may be obtained on a part time basis and consulting services are available from the State Board of Health.

(k) *Housekeeping supervisor*. Recommended standard. Each institution should employ a housekeeping supervisor, who, under the supervision of the superintendent or his assistant, shall be responsible for the housekeeping of the institution. In smaller institutions this position may be combined with such a position as matron or other assistant.

(1) *Food service staff*. Required standard. 1. Food service supervisor. The person selected should have knowledge of health hazards, ability to plan menus and supervise the work of others, and knowledge and skill in food preparation. This position may be combined with some other position, such as matron, especially in the smaller institutions. It may also be a part-time position, perhaps with the person having responsibility for other county institutions such as the mental hospital.

2. Food service workers. There shall be a sufficient number to adequately staff food service areas.

(m) *Other staff members*. Required standard. There shall be adequate staff for maintenance, janitoring, laundry and other services as needed.

(3) PERSONNEL PRACTICES. (a) *Working hours for employees*. 1. Required standards. a. Except in an emergency, no employee in-

volved in the care of patients shall work in excess of nine hours in one day for more than 2 consecutive days.

b. Except in an emergency, no employee involved in the care of patients shall work more than 96 hours in any 2 week period.

2. Recommended standard. a. It is recommended that each county home adopt a 40 hour week, 8 hour day, as soon as feasible.

(b) *Physical examinations of personnel.* 1. Required standards. a. Employees shall be of sufficient good health to properly discharge their duties.

b. All employees shall receive a physical examination, including chest x-rays, before beginning employment, at the expense of the institution.

c. All employees shall be given a chest x-ray annually.

d. All physical examinations shall be recorded on forms approved by the state department of public welfare.

e. Employees shall be excluded from work who are suspected of having a communicable disease, or whose condition has been diagnosed as a communicable disease, for the duration of the communicability.

2. Recommended standards. a. It is recommended that all employees of county homes, infirmaries, general hospitals and public medical institutions receive a physical examination annually.

(c) *Staff development.* 1. Required standard. a. An adequate in-service educational program shall be developed in accordance with recommendations from the department.

2. Recommended standards. a. It is desirable that employees be permitted and encouraged to attend institutes given by educational institutions and governmental organizations to improve program services.

b. For public medical institutions it is desirable that regular staff meetings be conducted either by the superintendent or an assistant with participation of the medical and nursing staff.

(4) STORAGE OF DRUGS, GASES AND MEDICATIONS. (a) *Required standard.* 1. The superintendent shall be responsible for supervising the handling and storage of drugs, gases and medications in the institution.

2. Use of oxygen or flammable gases. a. Required standard. Oxygen or any flammable gas shall not be used in an institution unless there is a person in charge who is qualified to administer it. Signs indicating "No Smoking" or "Do Not Strike Matches" shall be posted in and at the entrances of the room where oxygen or flammable gas is in use. Containers of these gases shall be secured so that they will not fall over.

(5) MECHANICAL RESTRAINT AND SECLUSION. (a) *Required standard.* 1. Acting upon the advice of the medical director, the superintendent shall be responsible for the mechanical restraint and seclusion used in the home.

(6) REPORTS TO THE DEPARTMENT. (a) *Required standard.* 1. The superintendent shall make sure that statistical and other reports required by the department are submitted in the appropriate form and at the times required by the department.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.05 Physical plant services, furnishings and equipment. (1) REQUIRED STANDARDS.** (a) *Heating.* A minimum temperature of 75

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degrees F. shall be maintained during the day and at least 70 degrees F. during the night in all bedrooms and in all other areas used by patients and residents, except that more or less heat may be provided as it may be possible to meet individual patient preferences without discomfort to others.

(b) *Ventilation.* There shall be adequate ventilation to promote health and comfort. Kitchens, bathrooms, utility and soiled linen rooms shall be ventilated to prevent objectionable odors from permeating through the building.

(c) *Lighting.* Artificial lighting must be adequate in all rooms, storerooms, attics, basements and passageways.

(d) *Call system for helpless patients.* A call system shall be provided for helpless patients to summon attendants. Call hand bells are not adequate.

(e) *Wheel chairs.* These shall be provided for patients who require them.

(f) *Day room.* A day room or sitting room of suitable size attractively furnished shall be provided.

(g) *Room and facilities for examination.* Adequate room space and necessary equipment for the examination and treatment of patients shall be provided for the medical director.

(h) *Minimum floor space.* A minimum of 60 square feet of floor area per bed shall be provided in all bedrooms in existing buildings. Effective January 1, 1965 all newly remodeled and newly constructed buildings shall provide a minimum of 80 square feet of floor space per bed in multiple bedrooms and 100 square feet in single bedrooms.

(i) *Room furnishings.* 1. Each resident shall have at least a 36 inch wide bed with good springs, a comfortable clean mattress and pillow. Cots shall not be used. The beds shall be so arranged that the heads of the beds are a minimum of 36 inches apart, and a clear aisle space of 36 inches between the beds shall be provided.

2. Each bed shall have sufficient washable bedding and linen for warmth and cleanliness and a good full sized pillow. Bed linen shall be changed promptly whenever it is soiled or unsanitary. All linen shall be changed at least once weekly.

3. Waterproof mattress covers are required on all beds.

4. Lockers or closets shall be adequately provided for the storage of patients' clothing.

5. Bed screens for privacy shall be made available for use in multiple bedrooms.

6. A comfortable chair shall be available for each patient able to use one.

7. A bedside stand shall be available for each resident in his room and storage space shall be provided near the bed for a reasonable amount of the patient's possessions.

8. Every window shall be supplied with a shade or other device which when properly used affords privacy to room inhabitants.

(j) *Room location.* No room shall be approved for patient occupancy which opens directly to the kitchen or laundry, or which requires any person to pass through the room to gain access to another part of the institution.

(k) *Equipment for bedside patient care.* 1. Individual mouthwash cups, wash basins, bedpans and urinals shall be provided as needed for each patient.

2. Bedpan covers shall be provided for pans and urinals and shall not be interchangeable. Individual equipment shall be so stored that it cannot be interchanged between patients.

3. There shall be such other nursing equipment as may be required, including an adequate supply of mouth and rectal thermometers.

4. Separate sputum receptacles with disposable containers shall be available as needed.

5. There shall be adequate facilities for all necessary sterilizations.

6. Each bed patient shall have a hospital Gatch type bed.

(l) *Laundry facilities.* Adequate facilities shall be provided for the washing, rinsing and cleaning of linen and other washable clothing.

(m) *Telephone and/or other communication system.* There shall be at least one telephone at the home, and such additional telephones or other types of communication as are deemed necessary for emergency.

(n) *Religious facilities.* If clergymen are available, and arrangements can be made, all patients shall have available to them weekly religious services of their faith.

(2) RECOMMENDED STANDARDS. (a) *Interior decoration.* Walls, ceilings and floors throughout the building should be decorated to achieve pleasing and variable effects.

(b) *Activity and recreational area.* 1. Adequate space should be provided for carrying on recreational services and activities within the capacity of residents.

2. Suitable furniture and equipment for recreational services and activities should be provided.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.06 General safety precautions.** (1) REQUIRED STANDARDS.

(a) The superintendent shall develop and periodically review with the staff a pre-arranged, diagrammed plan of evacuation and/or reception in case of an emergency showing duties of each employee, location of equipment, routes to be taken and similar information.

1. What to do in case of an emergency.

2. Where evacuation equipment is located, and what routes are to be taken.

3. How the evacuation plan is to operate, and who is responsible for each phase.

4. Why each employee is required to know his task in relation to the entire plan.

(b) Bedfast and chairfast patients or persons in any way incapable of moving freely in case of emergency shall under no circumstances be housed above the first floor in nonfire resistive buildings unless the entire building is protected by an approved automatic sprinkler system.

(c) The superintendent shall arrange for semiannual inspection of the institution by local fire authorities; and semiannual certification (by the local fire authorities) as to the adequacy of fire protection and evacuation shall be required.

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(d) Smoking shall be allowed only in designated areas, or with proper supervision.

(e) Electrical apparatus and cords shall be examined periodically and repaired if necessary, so they do not become a fire hazard.

(f) The superintendent shall take such appropriate precautions against fire as is recommended by the fire and safety inspector of the Department of Public Welfare.

(g) Flammable material and supplies, such as paint, varnish, oil soaked rags, etc., shall be stored in metal containers or metal cabinets.

(h) No patient shall ever be placed in a situation from which he can not successfully summon help in case of an emergency.

(i) There shall be a telephone or some other means of communication between areas where a group of patients congregate and the administration office.

(j) Open flame lights shall not be permitted.

(k) All fire protection equipment shall be maintained in readily usable condition and inspected annually. An additional fire extinguisher suitable for grease fires shall be provided in the kitchen. Each employee shall be made acquainted with fire hose and fire extinguishers in his work area.

(l) Fire drills for personnel shall be held at least 4 times yearly.

(m) Exit doors closed to outside access shall be equipped with panic hardware and shall not be locked from the inside.

(n) At least one person shall be awake and on duty on each floor at night, and where one person cannot supervise the entire floor, additional persons shall be on duty as necessary.

(o) Roads or streets shall be kept passable at all times, and sidewalks shall be shoveled immediately after a snowfall. Precautions shall be taken to prevent accidents due to icing of steps and walks.

(p) Every hall and stairway shall be adequately lighted at all times by means of properly located electric light fixtures.

(q) Some provision shall be made for the lighting of exits, stairs and corridors during a power failure.

(r) Handrails in good repair (securely fastened to the wall) shall be installed in all stair wells and corridors.

(s) Grab-rails shall be provided in patient toilet areas, shower rooms and over the bathtubs.

(t) Halls, stairways and exits shall be clear and unobstructed at all times.

(u) The use of insecticides, cleaning and sanitizing agents and floor dressings containing flammable material shall be used only with the greatest of caution.

(v) Stairwells shall be enclosed with one hour fire resistive construction. Vertical shafts, such as clothes chutes shall be of fire resistive construction.

(w) In new construction acoustical ceiling tile shall be fire resistive.

(2) RECOMMENDED STANDARDS. (a) Urinals, if provided, should have vertical handholds on both sides.

(b) Lavatories should be supported on brackets to allow wheel chairs to slide under them.

(c) Scatter rugs should not be used in any patient area.

(d) If feasible, the fire drills for personnel shall include movement of patients in evacuation or preparation for evacuation.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

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**PW 1.07 Sanitation and housekeeping. (1) REQUIRED STANDARDS.**

(a) County institutions shall be required to comply with the rules on sanitation as prescribed by the state board of health.

(b) The principles of good institutional housekeeping shall be applied.

(c) The rooms, halls and stairways shall be kept clean and tidy at all times.

(d) Bathrooms and utility rooms shall be kept clean and odor free. There shall be sufficient supplies of soap and toilet tissue for residents' needs.

(e) Common towels shall not be permitted.

(f) Redecorating and repairing of walls and floors in rooms, halls and stairways shall be done when necessary to present an orderly appearance.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.08 Food service. (1) NUTRITION. (a) Required standards.**

1. Three balanced meals, suited to the patient's needs shall be served daily at recognized mealtimes. When a supplemental meal is served as a routine, the nutritive value of the meal shall be considered, and it shall be planned along with the standard 3 meals of the day to meet the dietary requirements of the patients.

2. Supplemental foods shall be provided, and the diets shall be modified, as ordered in writing, by the physician, for those patients who have special needs.

3. Nutritional needs of the patients shall be met in accordance with the currently recommended dietary allowances of the state department of public welfare.

(b) *Recommended standards.* It is recommended that the following food groups be served to each person, subject to the approval of the medical director. 1. *Meat group:* Two or more servings daily of lean meat, fish, poultry or eggs. (Dried beans, peas, or peanut butter may be substituted as an additional serving.)

2. *Vegetable-fruit group:* Four or more servings daily, including a dark green or deep yellow vegetable, important for vitamin A, at least every other day; a citrus fruit or other fruit or vegetable, important for vitamin C, daily; other fruits and vegetables including potatoes.

3. *Bread-cereal group:* Four or more servings of whole grain, enriched or restored breads and cereals.

4. *Milk group:* 1½ pints or more daily, of pasteurized fresh milk, or part of its equivalent in evaporated milk, dry milk solids, ice cream or cheese. Milk with limited butterfat content may be served upon advice of the physician.

5. Additional foods in the amount to meet the caloric needs, and to make meals appetizing and satisfying.

Iodized salt in the preparation and seasoning of foods, unless otherwise prescribed by the physician.

It is recommended that food be prepared by accepted methods to conserve maximum food value and to produce palatable meals.

(2) **MEAL PLANNING. (a) Required standards.** 1. Menus shall be planned a week in advance, and for at least a week at a time.

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2. Menus shall be kept on file for a period of one year, and shall be made available for departmental evaluation. Changes in the menu from the original planning shall be recorded and signed.

3. Until served, hot foods shall be kept about 150 degrees Fahrenheit, and cold foods kept below 40 degrees Fahrenheit. It is expected that the serving of food will not occur before residents are ready to eat.

(b) *Recommended standards.* 1. It is recommended that in planning meals, consideration be given to religious practices, to local habits and customs, and to variety in foods supplied.

2. It is recommended that meals served to patients and staff meet the same standards for nutritional requirements, wholesomeness, appetite appeal, sanitation and care in cooking.

(3) **DINING ROOM AND TRAY SERVICE.** (a) *Required standards.* 1. Employees or patients shall not pass through food preparation areas in any established pattern that is not related or essential to providing food services.

2. All foods on trays or in bulk for a ward or room service shall either be transported in covered carts, or have the food protected in transit with covers designated for that purpose. If a cloth is used, it shall be used only once before laundering.

3. Consideration shall be given to the pleasant appearance and congenial atmosphere of the dining room and related areas. Good lighting, attractive colors in decoration and furnishings help in the enjoyment of a meal; and a hospitable attitude on the part of the staff creates a friendly and related relationship.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.09 Medical, nursing and pharmacy services; required standards.** (1) **DUTIES AND RESPONSIBILITIES OF MEDICAL DIRECTOR.** (a) The entire medical regime of the institution shall be under the supervision of a physician, designated as the medical director.

(b) All applications for admission must be passed on by the medical director, based upon a prior medical examination, including a chest X-ray, if possible.

1. The medical director shall certify prospective residents to be free from communicable disease, and make recommendations as to medical treatment needed.

2. Where it is not possible to obtain a medical examination prior to admission, the same shall be obtained within 10 days.

3. Pending certification by the medical director when physical examination is delayed, precautions such as isolation shall be employed to guard against transmission of disease.

(c) The medical director shall technically assist the superintendent and the supervisor of nurses in the supervision of the nursing regime through evaluations of the results of care of patients.

(d) Initial physical examinations, including a chest x-ray, shall be completed on each resident in accordance with the form approved by the state department of public welfare. Annual reviews, including hemoglobin and urinalysis, shall be done by the medical director or the attending physician. The medical director shall see to it that physical examinations and reviews are satisfactorily performed.

(e) The medical director shall have the responsibility for seeing that all patients have regular and continuous medical supervision.

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(f) The medical director shall see to it that all orders for medications and treatments are clearly written, dated and signed by the physician issuing the order.

(g) There shall be no general standing orders for medications applicable to all patients or residents.

(h) Anticoagulant orders must be written daily until control is established.

(i) In the absence of a staff pharmacist, the medical director shall be responsible for the procuring and dispensing of any bulk medicines which may be used.

(j) To promote a rehabilitation program the medical director shall assume an active interest in the reactivation of patients' daily living activities.

(k) The medical director shall see to it that all death certificates are properly signed and completed.

(l) The medical director shall assist in a program of continuing education or staff development.

(m) The medical director shall arrange for adequate coverage during his absence.

(2) HANDLING OF MEDICINES. (a) No medication shall be given except on the order of a physician.

(b) There shall be an automatic stop order for all dangerous drugs such as narcotics, sedatives and antibiotics, so that they are discontinued after 72 hours unless the original order is written to clearly specify a definite period of time or stop order.

(c) Patients shall not be allowed to have custody of any medications or drugs or to accumulate them.

(d) Narcotics and other dangerous drugs shall be handled according to the Harrison Narcotic Act. The person administering narcotics and other dangerous drugs shall be responsible for recording the proper notation in the dispensary record. A narcotic record shall be kept of all narcotics and sedatives and must show the name of the patient, the amount of the drug, the date and time of administration and the name of the nurse giving the medicine. Any medicine prescribed for an individual patient and not used by that patient shall be destroyed except in the case of narcotics which shall be surrendered to the U. S. Treasury, Narcotics Division, 628 East Michigan Avenue, Milwaukee.

(e) External remedies, poisons and nonmedicinal chemicals shall be kept in a separate compartment in the medicine cabinet or some other securely locked place to lessen the chance of accidental administration.

(f) All medicines and poisons shall be plainly labeled.

(g) The contents of all individual prescriptions shall be kept in the original container, bearing the original label and prescription number.

(h) Unused medications shall be destroyed.

(i) Bulk supplies of drugs and medications shall be stored in locked, well lighted, cool storage areas.

(j) Oxygen or any inflammable gas shall not be used in the institution unless there is a person in charge who is qualified to administer it.

(k) Wherever oxygen or any inflammable gas is being used the area and the entrance to the area shall be posted with signs indi-

cating "No Smoking", or "Do Not Strike Matches". Care must also be taken not to use nylon and woolen coverings which may cause static electricity in the room where oxygen is being used.

(1) Bulk supplies of oxygen or inflammable gases shall be stored in a suitable area according to the recommendation of the Wisconsin Industrial Commission.

(3) RESPONSIBILITIES AND DUTIES OF NURSING SUPERVISOR. (a) Carrying out policies and practices prescribed by the superintendent.

(b) Requisitioning, issuing and caring for medical and nursing equipment.

(c) The making and maintaining of individual patient records and reports, as outlined in forms approved by the Department.

(d) Effecting good relationships with other personnel.

(e) Keeping the superintendent and his assistant informed as to the physical and mental condition of the patient.

(f) Assisting the superintendent in maintaining good public relations through her contact with visitors to patients and others.

(g) Keeping abreast of modern nursing information and techniques.

(h) Reporting to the attending physician symptoms and complaints of the patients, including unusual body marks and bruises.

(i) Assisting the physician in all examinations, procedures and treatments.

(j) Providing and assisting physician with records showing orders, conditions and progress of patients.

(k) Accompanying the physician on his rounds.

(l) Seeing to it that the physician's orders for patients are carried out.

(m) The writing of daily nursing notes on all acutely ill patients.

(n) The maintenance of monthly weight records on all patients.

(o) Making physicians' orders readily accessible to the nurse in charge.

(4) GENERAL NURSING CARE PRACTICES. (a) Medications and treatments shall be administered according to good nursing techniques and only under the direction of the attending physician.

(b) All nursing care shall be given according to the supervisory instructions of the nurse in charge of the nursing regime.

(c) Complete baths shall be given at least every second day for helpless or bedfast and chairfast patients except where some alternative plan is recommended by the physician. Partial baths shall be given on the intervening days unless contraindicated. The frequency of bathing should depend on the condition of the patient, condition of the skin and nature of the impairment.

(d) Skin care shall be given bedfast patients, and the position of the patient in bed shall be changed as often as necessary to prevent development of pressure sores.

(e) Ambulatory residents shall receive a complete bath at least once each week as a minimum.

(f) Incontinent patients shall have daily baths plus partial baths after each incontinent episode. Nursing procedures shall be made effective to keep the bedding dry and the patient comfortable. Soothing and healing lotions or creams shall be applied subject to the doctor's order where the skin is irritated.

(g) The patient shall be removed from the bed as soon as possible and from the bedroom frequently according to the doctor's orders.

(h) The patient's medical record containing the physician's examination record, physician's orders and progress notes, and carefully recorded nurses' notes shall be kept on every resident requiring medical care and supervision. The record shall be kept readily accessible to the patient area, and shall contain sufficient information to establish the patient's status in the institution.

(i) Changes in patients' conditions, diagnoses and progress made shall be recorded as progress notes.

(j) Apparent death shall be reported immediately to the attending physician, and the body shall not be removed from the institution without the physician's authorization. Relatives of the deceased shall be notified at once.

(k) Residents shall not be restrained or secluded except upon the order of the physician in writing. In emergencies, with the doctor's approval, it shall be permissible to employ a minimum amount of humane restraint to prevent bodily harm, but such expedients may be used only until a physician can be consulted.

(l) When some temporary restraint is unavoidable to prevent bodily harm, it is required that the following precautions be used:

1. An attendant must be constantly on duty and within view.
2. Care must be taken to avoid injury to the patient.
3. A physician must be notified immediately.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.10 Activity and recreational service.** (1) **REQUIRED STANDARDS.**

(a) There shall be a written posted schedule for providing recreational services and activities within the capacity of the residents.

(b) Although the activity and recreational program may be carried out with volunteer workers, it shall be under the supervision of the superintendent.

(2) **RECOMMENDED STANDARDS.** (a) The services available through the department in organizing and conducting an activity and recreational program should be used.

(b) A staff member should have direct charge of the program.

(c) Volunteer services from the community should be utilized as needed upon request of the superintendent.

(d) Workshops for the improvement of the program should be held on an annual basis with participation of the department.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.

**PW 1.11 Establishment, construction or remodeling of buildings.**

(1) Pursuant to section 46.17, Wis. Stats., it is required that there be submitted to the department a written report as a basis for its approval of the construction (including additions to or remodeling of existing buildings) of buildings to be used as an institution.

(2) The report to the department shall cover the items listed in the outline below insofar as each is applicable to the particular project.

(a) *Legal authority.* 1. Enabling action by county board or municipal governing authority authorizing construction, a. Copy of formal action or resolution.

b. Amount appropriated.

c. Estimated total cost of construction and equipment.

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(b) *Proposed site.* 1. Description. a. Dimension, size and topographical features.

b. Exact location of building or addition to be constructed thereon.

c. If newly acquired, the purchase price and name of seller.

2. Suitability as to a. Compliance with zoning or planning ordinances.

b. Avoidance of hazards as to sanitation, health, safety.

c. Convenience to transportation, communication, utilities, fire and police protection.

d. Relation to existing buildings and facilities, if any.

(c) *Plans and specifications.* 1. Purpose of institution, building or addition.

2. Patients or inmates to be accommodated. a. Types.

b. Number of each type and sex.

c. Number requiring continuous supervision or bedside care, and basis for arriving at such estimates.

3. Kinds of facilities and services to be provided. a. For patients or inmates. Describe plans for patient or inmate accommodation, heating, sewage disposal, water supply, fire protection, food service and preservation, ventilation, medical care, dental care, nursing services, social services, recreation and leisure time activities, and for religious services.

b. As to personnel. 1. Number and classifications of personnel needed to carry out the program proposed by this project.

2. Describe plans for housing and feeding employees.

4. Compliance with code and standard requirements. a. Local building code.

b. Wisconsin Industrial Commission Code.

c. State Board of Health requirements as to sanitation and health.

d. State Department of Public Welfare rules (Preceding Wis. Adm. Code chapters, PW 1.01-PW 1.10).

(d) *Additional data and information.* 1. Name and address of architect consulted or retained for project.

2. Names of trustees if elected (section 46.18 (1), Wis. Stats., requires election 6 months before completion of building).

3. Other.

(e) *Procedure for handling of report.* 1. Submit copies of enabling resolutions, architectural drawings and other information above requested to Division of Public Assistance, State Office Building, 1 West Wilson Street, Madison, Wisconsin.

2. Final approval is given by the director of the State Department of Public Welfare upon recommendation of the Division of Public Assistance.

**History:** Cr. Register, October, 1964, No. 106, eff. 11-1-64.